

DATE
ORDER OF SUSPENSION

NAME
ADDRESS
CITY, STATE, ZIP

LICENSE NO:

BIRTHDATE:

ON _____ 2:01 AM YOUR DRIVING PRIVILEGE WILL BE SUSPENDED
FOR FAILURE TO APPEAR/PAY/COMPLY ON CITATION # _____. * RCW
46.20.289. THE SUSPENSION WILL REMAIN IN EFFECT UNTIL YOU ARE NOTIFIED OF
REINSTATEMENT BY THIS DEPARTMENT.

TO AVOID SUSPENSION, YOU MUST RESOLVE ALL CHARGES ON THIS CITATION
WITH THE COURT INDICATED BELOW AND THE DEPARTMENT MUST RECEIVE
PROOF FROM THE COURT BEFORE _____ THE CHARGE (S)
HAVE BEEN RESOLVED. QUESTIONS REGARDING THE CITATION AND/OR FINE
SHOULD BE DIRECTED TO THE COURT LISTED BELOW.

VIOLATION DATE	VIOLATION REASON	COURT INFORMATION
10-06-1999 *MAY BE MULTIPLE CHARGES	NO VALID LICENSE/C	GRANT CO. DIST CRT 35 C STREET, NW/PO BOX 37 EPHRATA, WA 98823-0037 (509) 754-2011

DO NOT DRIVE AFTER 12:01 AM ON _____ UNLESS WE HAVE NOTIFIED
YOU THAT YOU ARE CLEAR TO DO SO.

IF THE SUSPENSION GOES IN EFFECT YOU MUST PAY A REISSUE FEE IN ADDITION
TO ANY OTHER LICENSING FEES, BEFORE A NEW LICENSE CAN BE ISSUED. WHEN
THE SUSPENSION GOES INTO EFFECT AND YOU HAVE A WASHINGTON STATE
DRIVER'S LICENSE IN YOUR POSSESSION, IT MUST BE SURRENDERED TO THIS
DEPARTMENT.

AGENT FOR THE DEPARTMENT OF LICENSING
SUSPENSION/REINSTATEMENT SECTION
PHONE: (360) 902-3900

OLD LETTER